NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: Butchertown Neighborhoo	d Association, Inc.	
Executive Summary of Request: Grant for Butchertown Tree and Beaut neighborhood more inviting and green and signage.	-	
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	✓ No ✓ No ✓ No
I have reviewed the attached Neighborhood D within Metro Council guidelines and request a organization's statement of public purpose to purpose is legitimate. I have also completed to	approval of funding in the follo be furthered by the funds reque	owing amount(s). I have read the ested and I agree that the public
District # Council Member Signature	Amount	Date
Primary Sponsor Disclosure List below any personal or business relationsh organization, its volunteers, its employees or the state of t		
Approved by:		
	Data	
Appropriations Committee Chairman	Date	
Clerk's Office Only:		
Request Amount:	Committee Amended Appropriate	priation:
Original Appropriation:	Council Amended Appropria	ition:

NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST Legal Name of Applicant Organization: Butchertown Neighborhood Association, Inc. Program Name and Request Amount: Tree and Beautification Project Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Yes Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes Is the proposed public purpose of the program viable and well-documented? Yes Will all of the funding go to programs specific to Louisville/Jefferson County? Yes Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Yes Has prior Metro Funds committed/granted been disclosed? N/A Is the application properly signed and dated by authorized signatory? Yes Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? Yes If Metro funding is for a separate taxing district is the funding appropriated for a program outside N/A the legal responsibility of that taxing district? Is the entity in good standing with: • Kentucky Secretary of State? Louisville Metro Revenue Commission? Yes Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Yes Is the entity's board member list (with term length/term limits) included? Yes Is recommended funding less than 33% of total agency operating budget? N/A Does the application budget reflect only the revenue and expenses of the project/program? Yes Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? Yes Is the most recent annual audit (if required by organization) included? N/A Is a copy of Signed Lease (if rent costs are requested) included? Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is IN/A faith-based) included? Are the Articles of Incorporation of the Agency included? Yes Is the IRS Form W-9 included? Yes Is the IRS Form 990 included? Yes Are the evaluation forms (if program participants are given evaluation forms) included? Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant No met the BBB Charity Refiew Standards?

Date:

Prepared by:



SECTION 1 – APPLICANT INFORMATION						
Legal Name of Applica	nt Organ	ization: Rutchor	town Noighbo	rhood Association Inc		
(as listed on: http://www.so	s.ky,qay/bi	<u>siness/resports)</u> Duttoniei	rown Meighbo	rhood Association, Inc.		
Main Office Street & N	Mailing A	ddress: PO Box 7605 Lo	uisville, KY 40257			
Website:	,			2000000 100 000000000000000000000000000		
Applicant Contact:	Stevie	Finn	Title:	Vice President		
Phone:	502-59	4-9275	Email:	shfinn@bellsouth.net		
Financial Contact:	Mac Th	nompson	Title:	Treasurer		
Phone:	502-55	8-5937	Email:	mac@whiteclay.com		
Organization's Represe	entative '	who attended NDF Train	ing: Andy Cornelius			
GEOGI	RAPHICA	L AREA(S) WHERE PROG	RAM ACTIVITIES ARE (WILL BE) PROVIDED		
Program Facility Locat	ion(s):	Story Ave. between B	rownsboro Rd and F	rankfort Ave		
Council District(s):	and the state of t	9	Zip Code(s):	40206		
	SECTION	ON 2 – PROGRAM REQUI	EST & FINANCIAL INFO	RMATION		
PROGRAM/PROJECT N	AME: Bu	tchertown Tree and Bea	utification Project			
Total Request: (\$)	1,000	Total Metro A	ward (this program) in	previous year: (\$) 0		
Purpose of Request (cl	neck all t	hat apply):				
Operating Fu	nds (gen	erally cannot exceed 33%	of agency's total oper	rating budget)		
Programming	g/service:	s/events for direct benefi	t to community or qua	lified individuals		
☐ Capital Proje	ct of the	organization (equipment,	furnishing, building, e	tc)		
The Following are Req	uired Att	achments:	27920 ABANTARA			
IRS Exempt Status Det	erminatio	n Letter	Signed lease if rent	costs are being requested		
Current Year Projected	-		IRS Form W9			
List of Board of Direct		le term & term limits	Evaluation forms if u	used in the proposed program		
Current financial state			Annual audit (if required by organization)			
Most recent IRS Form Articles of Incorporati		20-H	Faith Based Organization Certification Form, if required			
		endor if request is for	Staff including the	3 highest paid staff		
Cost estimates from proposed vendor if request is for capital expense						
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro						
Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional						
sheet if necessary.						
Source: Amount: (\$)						
Source: Amount: (\$)						
Source: Amount: (\$)						
Has the applicant contacted the BBB Charity Review for participation? Yes No						
		Charity Review Standards	,			

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SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The purpose of the BNA (from the by-laws) is to promote, foster, and carry out programs, projects, and activities designed to:

- 1. enhance the health, safety, welfare, and betterment of the members of the community:
- 2. improve the economic life of the Butchertown area:
- 3. foster cooperation and unity between property owners, tenants, business people, and others:
- 4. meet the educational and cultural needs of the members of the community:
- 5. encourage better fire and police protection and traffic enforcement:
- 6. encourage the upkeep of residential and business property and the elimination of vandalism and littering:
- 7. encourage a spirit of friendliness and cooperation with other groups in the Butchertown neighborhood and throughout the City of Louisville and Jefferson County:
- 8. support other charitable, educational, and cultural activities which advance the general welfare of the community and its people.

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SECTION 4 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The purpose of this phase of the Butchertown Tree and Beautification Project is to make the east entrance to the neighborhood more inviting and green by planting trees and encouraging neighbors to care for them. Our initial phase will start and be completed this fall on the 1600 block of Story Avenue, between Brownsboro Rd and Frankfort Ave, and will include five of the fourteen tree wells with missing or dead trees. With this project, the BNA is seeking to improve the neighborhood for all stakeholders. As Butchertown flourishes as the most mixed use neighborhood in Louisville, the Neighborhood Association feels it imperative to begin a beatification that will allow the neighborhood to enrich the lives of residents and local business, as well as encourage interactions with visitors. It is the Association's intent to use this project to, help bring neighborhood stakeholders together, foster cooperation between residents and business owners, and make Butchertown a destination for living, working, and playing. Story Avenue serves as a corridor to downtown from the neighborhoods along Brownsboro Rd, and Frankfort Ave. In addition, Story Avenue serves as most of the public's interaction with the Butchertown neighborhood, and is often the first impression people have of it.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

In the designated area, one dead tree and stump will be removed at a cost of approximately \$675. Plantings will include 2 Kwanzai Cherry trees, \$270; 2 Paperbark Maples, \$320; 1 Japanese snowball, \$160. The tree delivery fee is \$50, supplies like compost will be \$75, signage extimated at \$550, and reworking MSD wells \$550. This totals \$2,020.

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C: If this request is a fundraiser, please detail how the proceeds will be spent:
D: For Expenditure Reimbursement Only — The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances: ☐ Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment): ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
 ☐ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement: ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application. The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

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E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: Our goal is to improve the look of the neighborhood to enrich the lives of residents and local business, as well as appear to be a friendly, well-cared for area. The appearance of a neighborhood can affect home values, economic development, and the neighborhood's reputation within the larger city. It is the Association's intent to use this project to help bring neighborhood stakeholders together, foster cooperation between residents and business owners, and make Butchertown a desirable destination for living, working, and playing. The success of this program will become evident over time as trees and flowers thrive and the look and feel of the neighborhood encourages better private/public property upkeep and happy faces. F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

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SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3	
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds	
A: Personnel Costs Including Benefits				
B: Rent/Utilities				
C: Office Supplies				
D: Telephone				
E: In-town Travel	·	NAMES OF THE OWNER		
F: Client Assistance (Attach Detailed List)				
G: Professional Service Contracts				
H: Program Materials				
I: Community Events & Festivals (Attach Detail List)				
J: Small Equipment				
K: Capital Equipment				
L: Other Expenses (Attach Detail List)	1,000	1,020	2,020	
*TOTAL PROGRAM/PROJECT FUNDS	1,000	1,020	2,020	
The out British was Batilized	50 %	50 %	100%	

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	1,020
Fees Collected from Program Participants	
Other (please specify)	
toral devenue (or Columns L'expenses - ^	1,020

^{*}Total of Column 1 MUST match "Total Request on Page 1, Section 2"

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^{**}Must equal or exceed total in column 2.



Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Neighors/Businesses	\$500	est.10 hours labor by 10 to 12 volunteers
Total Value of In-Kind (to match Program Budget Line Item.	\$500	
Volunteer Contribution & Other In Kind) DNOR INFORMATION REFERS TO WHO MAI		
	ER ON ONE LINE AS A TOTAL N	OTING HOW MANY HOURS PER
Volunteer Contribution & Other In Kind) ONOR INFORMATION REFERS TO WHO MAI FED INDIVIDUALLY, BUT GROUPED TOGETHI SON PER WEEK ncy Fiscal Year Start Date: s your Agency anticipate a significant increget projected for next fiscal year? NO	R ON ONE LINE AS A TOTAL N	OTING HOW MANY HOURS PER
Volunteer Contribution & Other In Kind) DNOR INFORMATION REFERS TO WHO MAI ED INDIVIDUALLY, BUT GROUPED TOGETHI SON PER WEEK ncy Fiscal Year Start Date: s your Agency anticipate a significant increget projected for next fiscal year? NO	R ON ONE LINE AS A TOTAL N	OTING HOW MANY HOURS PER
Volunteer Contribution & Other In Kind) DNOR INFORMATION REFERS TO WHO MAI ED INDIVIDUALLY, BUT GROUPED TOGETHI SON PER WEEK ncy Fiscal Year Start Date: s your Agency anticipate a significant increget projected for next fiscal year? NO	R ON ONE LINE AS A TOTAL N	OTING HOW MANY HOURS PER
Volunteer Contribution & Other In Kind) ONOR INFORMATION REFERS TO WHO MAI TED INDIVIDUALLY, BUT GROUPED TOGETHI SON PER WEEK ncy Fiscal Year Start Date: It your Agency anticipate a significant increase.	R ON ONE LINE AS A TOTAL N	OTING HOW MANY HOURS PER

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SECTION 6 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Applicant and any sub-grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- 7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
- Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant
 understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld
 or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no
 guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the
 approval is automatically revoked.

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- 4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 - CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory: Andrew Cornelius Title: President

Phone: 269 80888 Extension: Email: Butchedown Cogmail.com

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Butchertown Neighbourhood Requested Metro Funds for trees on the 1600 block of Story Ave.

1 dead tree and stump removal	\$675
2 paperbark maple trees	\$325
TOTAL	\$1,000

Subject: Tree plantings

From: Kobbe Franklin (kobbef@walnutridge.com)

To: shfinn@bellsouth.net;

Date: Monday, September 21, 2015 7:28 PM

Stevie

Good evening. I was just getting back to you with some tree prices and availability of species. Kwanzan cherry \$135 ea. 2" calip.

Paperbark maple \$190 ea. 6-8' clump

Japanese snowbell \$160 ea. 6' at 1.75 cal.

Ginkgo male \$190 ea 2" cal.

My professional opinion the first three would be priority over others since maximum height should keep us out of the over head wires. I have limit of three each available. It's a fifty dollar delivery fee and \$15 ea per tree for supplies like cow/ compost, fertilizer, and mulch. Let me know what your choices are and I will put together a final invoice.

Please feel free to call or email me with questions.

Thanks
Kobbe Franklin
502 -639-2542

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR F. O. BOX 2508 CINCINNATI, OH 45201

Date# SEP 19 1994

BUTCHERTOWN NEIGHBORHOOD ASSOCIATION, INC.
C/O JEFFREY SEGAL
LAS
425 M. MUHAMMAD ALI BLVD.
LOUISVILLE, KY 40202

Employer Identification Number: -

Case Number:
314179023
Contact Person:
JUNE SMALLWOOD
Contact Telephone Number:
(513) 684-3578

Internal Revenue Code
Section 501(c)(4)
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mails please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for

BUTCHERTOWN NEIGHBORHOOD

the delay. However: the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year: whichever is less. This penalty may also be charged if a return is not complete; so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application,
a number will be assigned to you and you will be advised of it. Please use
that number on all returns you file and in all correspondence with the Internal
Revenue Service.

Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 6113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to you are not deductible as charitable contributions for Federal income tax purposes. This provision does not apply, however, if your annual gross receipts are normally \$100,000 or less, or if your solicitations are made to no more than ten persons during a calendar year. The law provides penalties for failure to comply with this requirement, unless failure is due to reasonable cause.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yoursa

C. Ashley Builard District Director

Butchertown Neighborhood Association Budget 2015 Budget

Revenue		
Dues		\$ 1,000
Events		
Butchertown Art Fair		
Revenue	\$ 35,000	
Expenses	\$ 20,000	
Net		\$ 15,000
Poktoberfest	·	
Revenue	\$ 15,000	
Expenses	\$ 10,000	
Net	-	\$ 5,000
Total Revenue		\$ 21,000
		•
Expenses		
Insurance		\$ 5,000
Bank Fees		\$ 150
Potential Projects (Decisions	in Year)	\$ 15,000
Tree Campaign		
Story Avenue Park		
Community		
NPR Support		
Total Expenses		\$ 20,150

Butchertown Neighborhood Association 2015 Board Members and Officers

Terms expire Dec, 2015

Stevie Finn – Vice President
Wade Lemke
Leah McKinley (deceased)
John Moore
William Morrow (expires Dec. 2016 but has moved out of the neighborhood)
Mark Prussian
Mac Thompson - Treasurer
Todd Turner - Secretary

Terms expire Dec. 2016

Joe Bringardner
Andy Cornelius - President
Leah Dienes
Mark Janke
Keith Kemble
Sherry Ross

ex officio

Mac Willett

2:01 PM 10/22/15 Accrual Basis

Butchertown Neighborhood Assoication, Inc. Balance Sheet

As of October 22, 2015

	Oct 22, 15
ASSETS	
Current Assets	
Checking/Savings Cash - Republic Bank	12,295,93
Cash - Republic Events account	37,587.21
Total Checking/Savings	49,883.14
Total Current Assets	49,883.14
TOTAL ASSETS	49,883.14
LIABILITIES & EQUITY Equity	
Opening Balance Equity	22,320.61
Net Income	27,562.53
Total Equity	49,883.14
TOTAL LIABILITIES & EQUITY	49,883.14

2:00 PM 10/22/15 **Accrual Basis**

Butchertown Neighborhood Assoication, Inc. Profit & Loss January 1 through October 22, 2015

	Jan 1 - Oct 22, 15
Ordinary Income/Expense Income	
Art Fair Income	43,657.93
Dues Income	1,510.00
Porktoberfest Income	19,670.21
Total Income	64,838.14
Cost of Goods Sold	
Event Expense - Art Fair	20,794.38
Event Expense - Porktoberfest	9,964.14
Total COGS	30,758.52
Gross Profit	34,079.62
Expense	
Bank Charges	213.10
Donations	50.00
Insurance Expense	3,481.68 472.71
Landscaping and Groundskeeping Professional Fees	2,299.60
Total Expense	6,517.09
Net Ordinary Income	27,562.53
let Income	27,562.53

Filing Instructions

BUTCHERTOWN NEIGHBORHOOD ASSOC INC.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2014

Date Due:

AS SOON AS POSSIBLE

Remittance:

None is required. Your Form 990 for the tax year ended 12/31/14 shows no

balance due.

Mail To:

Department of the Treasury

Internal Revenue Service Center

Ogden, UT 84201-0027

If a private delivery service is used, mail to:

OSPC

1973 N. Rulon White Blvd.

Ogden, UT 84404

Signature:

The return should be signed and dated on Page 1 by an officer representing the

organization.

Other:

Initial and date the copy of the return, and retain it for your records.



Department of Treasury Internal Revenue Service Ogden UT 84201 Notice CP211A

Tax period December 31, 2014

Notice date July 13, 2015

Employer ID number

To contact us Phone 1-877-829-5500

FAX 801-620-5555

Page 1 of 1

108108.574725.522396.22341 1 AT 0.416 530 Միլիորդիլինկննորդիկիկերիկիներիանիներկիկին

BUTCHERTOWN NEIGHBORHOOD % BUTCHERTOWN NEIGHBORHOOD ASSOCIAT PO BOX 7605 LOUISVILLE KY 40257-0605



108108

Important information about your December 31, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990.

Your new due date is August 15, 2015.

What you need to do

File your December 31, 2014 Form 990 by August 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Briefly describe the organization mission: See: Schedule O Dis the organization undertake any significant program services during the year which were not issed on the prior if com 900 or 900-627 If "rea", describe these new services on Schedule O. Dis the organization cease, conducting, or major significant planges in how it conducts, any program services? If "Yes," describe the services of Schedule O. Does the be organization program service accomplishments for each of its three largest program services, as measured by expenses. Schedule for 900 (c)(d) organizations are required to report the error of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Including grants of \$) (Revenue \$ b (Code:) (Expenses \$ including grants of \$) (Revenue \$ Code:) (Expenses \$ including grants of \$) (Revenue \$ Code:) (Expenses \$ including grants of \$) (Revenue \$ Distribution grants are reviewed to report the error of the grants of \$) (Revenue \$ Code:) (Expenses \$ including grants of \$) (Revenue \$	W. C. S. C.	rt iii Statement of Program Servic Check if Schedule O contains a	ropponent or note to envilled to this that the	
2 Cid the organization undertake any significant program services during the year which wore not listed on the prior Form 600 or 600-627		Briefly describe the organization's mission:	- 100portion of moto to any line in this 1 art in	
prior From 990 or 990-E22	S	ee Schedule O		
prior From 990 or 990-E2? If "Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program service are services? If "Yes," describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by excenses. Sciencio 501(c)(s) organization's program service accomplishments for each of its three largest program services, as measured by excenses. Sciencio 501(c)(s) organization's program service accomplishments for each of its three largest program services, as measured by excenses. Sciencio 501(c)(s) organization's are required to report the amount of grants and elecations to others, the total expenses, and reverse, if any, for each program service reported. a (Code:		***************************************		
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7-1-1		Other program services (Describe in Schedule O.)) (Revenue \$

	2.5652	990 (2014) BUTCHERTOWN NEIGHBOR		F	age 4
		Checklist of Required Schedules (continued)			Г.:
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
		organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
		employees? If "Ves." complete Schedule I	23		x
	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
		through 74d and complete Schedule K. if "No." on to line 35s	24a		x
	ъ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Ç	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	*	to defease any tax-exempt bonds?	24c	I	
•	d		24d		
			240		
	234	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.Did the organization engage in an excess benefit	25a		X
	.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ı	
		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25.	l	v
		If "Yes," complete Schedule L, Part I	25b		<u> </u>
	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
		current or former officers, directors, trustees, key employees, highest compensated employees, or	[x
		disqualified persons? If "Yes," complete Schedule L, Part II	26		
	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
		substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
		entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
-		Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1	v
	а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
_		Schedule L, Part IV	28b	-	<u> </u>
	¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			w
		was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
_	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		l	7 .
		conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	l I	ŀ	7.5
		Part I	31		X
	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			27
		complete Schedule N, Part II	32		<u> </u>
	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
		or IV, and Part V, line 1	34		<u>X</u>
	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$-\downarrow$	X
	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
_	36	Section 501(c)(3) organizations.Did the organization make any transfers to an exempt non-charitable			
		related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		[
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
-,-		Part VI	37		<u> </u>
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	
		102 Note. All Form 990 files are required to complete Schedule C	38	- 1	X

19? Note. All Form 990 filers are required to complete Schedule O

For	m 990 (2014) BUTCHERTOWN NEIGHBOR			Page
F	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a	"Na"	, age
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See inst	ructio	one
	Check if Schedule O contains a response or note to any line in this Part VI		,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Se	ction A. Governing Body and Management			
		,	Yes	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	77	1	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			ļ.
	committee, explain in Schedule O.	30.0	1	
b				4 .
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		1
	any other officer director trustee or key employee?			X
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	\vdash	+~
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	$+\frac{\Lambda}{X}$
6	Diri the appropriation have proposed as at a that he had a set of the second		-	X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	. 6		+~
	and the second described as a fifther and the second secon			x
ь		. 7a	ļ	 ^
_	shock the same at a second of his the same in the same	71.		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
a	The coupring heady?	0-	v	
b	Each committee with authority to act on behalf of the governing body?	8a 8b	$\frac{x}{x}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. Gu		
ŭ	the executive tention and the second of the		l	x
Sec	the organization's maining address/11 Tes, provide the names and addresses in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	. 9 .da\		12
	And the first decitor of requests information about policies flot required by the filtering Nevertue Co	ue.)		T
10a	Did the amanization have local chanters handhed or officiency	40-	Yes	7
b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	421		
1 1a			****	X
	2	11a	SAR S	
5 420	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	30.5	1000	•
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
42	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12c		X
14				X
	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_				77
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	16b		X
40-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0		.
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
đ				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	40.		
200	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed None	•		
17 18	***************************************			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
an	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ESTER M. THOMPSON 1821 WINDSOR PLACE WITSVILLE KY 40204			

12 13 14 15	(A) Name and Lite	(B) Average hours per weak (list any	box, unless person is both an from releted officer and a director/trustee) the arganizations		box, ur		Position Reports eck more than one s person is both an from d a director/trustee) the		Position ack more than one c person is both an		Reportable Reportable re than one compensation compensation from ris both an from releted configurations		Reportable compensation from releted	(F) Estimated amount of other campensation
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(16) 15 Sub-total	, ,		Ì,											
(16) 11b Sub-total 1 Total area of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1s? If Yes, complete Schedule J for such individual end or the first, as the sum of reportable compensation from the organization and related organizations greater than \$150,000 if Yes, complete Schedule J for such individual first on the first, as the sum of reportable compensation from the organization and related organizations greater than \$150,000 if Yes, complete Schedule J for such individual for services rendered to the organization? If Yes, complete Schedule J for such person. 2 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (5) Name and total associates address 2 Total number of independent contractors (including but not limited to those listed above) who	{14}					├-								
(16) 11b Sub-total 1 Total area of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1s? If Yes, complete Schedule J for such individual end or the first, as the sum of reportable compensation from the organization and related organizations greater than \$150,000 if Yes, complete Schedule J for such individual first on the first, as the sum of reportable compensation from the organization and related organizations greater than \$150,000 if Yes, complete Schedule J for such individual for services rendered to the organization? If Yes, complete Schedule J for such person. 2 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (5) Name and total associates address 2 Total number of independent contractors (including but not limited to those listed above) who														
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(18) 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines 1b and 1c) 2 Total number of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 1 Total continuation list any former officer, director, or trustee, key employee, or highest compensated employee on line 1s? If Yes, complete Schedule J for such individuals 2 For any individual steed on line 1s, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual 5 Did any person listed on line 1s receive or accruce compensation from any unrelated organization from the organization and related organization? If Yes, complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and biseness address Description of services Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) (C) (C) (C) (C) (C) (C) (C														
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1 b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Description of the organization of the calendar year ending with or within the organization's tax year. (C) Name and bisiness address (A) Name and bisiness address (B) Description of services (C) Description of services (C) Complete above who	(10)													
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Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 Yes I 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) Name and bisiness address 2 Total number of independent contractors (including but not limited to those listed above) who								_						
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Teportable compensation from the organization I Ves I 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual I stated on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual I I I I I I I I I I I I I I I I I I I	d Total (add lines 1b and 1c)		anti e e e				1	<u>▶ </u>						
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual steed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual J d J Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (9) Name and business address Description of services Compensation of services Compensation from the organization or the calendar year ending with or within the organization's tax year.	reportable compensation from the	uding but not limite brganization	tea (se i	sted	abov	/e) w	no received more than \$100	0,000 of				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	employee on line 1a? If "Yes," c For any individual listed on line organization and related on line 1a for services rendered to the organization.	omplete Schedul 1a, is the sum of tations greater the receive or accrue anization? If "Yes	e J for repor an \$1	r sur table 150,0	ch in cor 000?	ndivion nper If "Y	lual Isatio 'es,"	on an comp	id other compensation from plete Schedule J for such prelated organization or indiv		3 2			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your five	highest compens	ated	inde	pen	dent	cont	tracto	ors that received more than	\$100,000 of				
2 Yotal number of independent contractors (including but not limited to those listed above) who	compensation from the organiza	tion. Report com	pens	ation	for	the c	alen	dar y	ear ending with or within the	e organization's tax year.	(C)			
2 Total number of independent contractors (including but not limited to those listed above) who	Name and b	usiness address							Descriptio	n of services	Compensation			
2 Total number of independent contractors (including but not limited to those listed above) who							\dashv							
2 Total number of independent contractors (including but not limited to those listed above) who									•					
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Total number of independent contractors (including but not limited to those listed above) who							\dashv							
Total number of independent contractors (including but not limited to those listed above) who		······					_							
Yotal number of independent contractors (including but not limited to those listed above) who														
	2 Total number of independent cor	ntractors (includin	g bu	t not	limit	ed to	tho	se lis	ted above) who					

Form 990 (2014) BUTCHERTOWN NEIGHBOR

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, (B) Program service (0) Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Dther salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management 15,000 15,000 Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If tine 11g amount exceeds 10% or line 25, column 3,880 3,880 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 22 Depreciation, depletion, and amortization Insurance Other expenses, itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 38,507 COGS All other expenses 57,387 ō 57,387 Total functional expenses. Add lines 1 through 24e Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

				Page 12
our sac.	Reconciliation of Net Assets			
····	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	****	58,101
2	Total expenses (must equal Part IX, column (A), line 25)	2		57,387
3	Revenue less expenses. Subtract line 2 from line 1	3		714
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,608
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			/
******	33, column (B))	10		22,322
Pa	nt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			X
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	******		
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2a 2b	x
b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
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b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		2 b	
b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		2b 2c	
b с	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		2b 	
b с	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		2b 2c	

Schedule A (Form 990 or 990-EZ) 2014 BUTCHERTOWN NEIGHBOR

Sec	tion A. Public Support						
Çale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			and a facility of the second and the	,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5.46	rismility was		- 10 m	3	
6	Public support. Subtract line 5 from line 4.	<i>A</i> .		. //			
	tion B. Total Support					1 4 1004	10
Cale	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	. [
	organization, check this box and stop her	e			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	tion C. Computation of Public Su Public support percentage for 2014 (line 6			A1	<u></u>	14	9/
14	Public support percentage for 2014 (line of Public support percentage from 2013 School						%
15	33 1/3% support test—2014. If the organ		the hox on line 13	and line 14 is 33	1/3% or more, che	ck this	
104	box and stop here. The organization qual			n	•		▶ [
b	33 1/3% support test—2013. If the organ	ization did not check	a box on line 13 o	r 16a, and line 15	is 33 1/3% or more	l	
~	check this box and stop here. The organia						· · · · · · · · · · · · · · · ·
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet	114. If the organizations the "facts-and-circustics"	n did not check a b umstances" test, ch	ox on line 13, 16a leck this box and s	, or 16b, and line 1 stop here. Explain	4 is in	
	Part VI how the organization meets the "fa	cts-and-circumstanc	es" test. The organ	ization qualifies as	a publicly support	i e d	. 1
b	organization 10%-facts-and-circumstances test—20	13. If the organization	in did not check a b	iox on line 13, 16a	, 16b, or 17a, and	iine	,,
	15 is 10% or more, and if the organization Explain in Part VI how the organization me	ets the "facts-and-ci	rcumstances" test.	The organization	qualifies as a publi		. 1
	supported organization		,				
18	Private foundation. If the organization di instructions	d not check a box on	line 13, 16a, 16b,	17a, or 17b, check			· .

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c. Substitutions only, Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L. (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 X 2 X 3a X 3b X 4b X 4c X 5b 5c X 7 X 8 X 9a X 9b X 9c X		V	21
2 X 3a X 3b X 3c 4a X 4b X 4c 5b 5c	200000	Yes	No
2 X 3a X 3b X 3c 4a X 4b X 4c 5b 5c	1	x	
2 X 3a X 3b X 3c X 4b X 4c X 5b 5c X 5b 5c X 7 X 8 X 9a X 9b X 9c X		1.57	
3b	2		a contract to the contract of
3b	3a		X
3c			
4a X 4b X 5a X 5b 5c X 8 X 9a X 9b X 9c X			
4b			7.5
6 X 7 X 8 X 9a X 9c X	4h	1	
5a X 5b 5c			
6			
6 X 7 X 8 X 9a X 9b X 10a X	5a	***	X
7 X 8 X 9a X 9b X 9c X			
9a X 9b X 9c X			
96 X 9c X			X
9c X	9b	Articles Control of St. 180.	X
10a X			
10a X			
	10a		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	ns	Page I
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o			
other Type iti non-functionally integrated supporting organizations must complete S			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income(subtract lines 5, 6 and 7 from line 4)	8		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
C Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			24 A A A A A A A A A A A A A A A A A A A
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount(add line 7 to line 6)	8		,
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions).

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DAA

		more than \$15 events with gro	,000 of fundraising event con oss receipts greater than \$5,0	tributions and gross income	on Form 990-EZ, lines	1 and 6b. List
			Ia) Event #1 ART FAIR	(b) Event #2 PORKTOBERFEST	(c) Other events	(d) Total events
ā			(event type)	(event type)	(lotal number)	col. (c))
Revenue	1	Gross receipts	33,267	23,058		56,325
		Less: Contributions Gross income (line 1 minus				
	-	line 2)	33,267	23,058		56,325
	4	Cash prizes				
	5	Noncash prizes				
sasua	6	Rent/facility costs				
Direct Expenses		Food and beverages				
Ä		Entertainment				
	9	Other direct expenses	<u> </u>			
	11	Net income summary. Sub-	Add lines 4 through 9 in column (d) tract line 10 from line 3, column (d)			56,325
	art		olete if the organization answin Form 990-EZ, line 6a.	ered "Yes" to Form 990, Part	IV, line 19, or reported	d more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/pregressive bingo	(c) Other geming	(d) Tetal gaming (add col. (a) through cot (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
t Expenses	3	Noncash prizes		`		
Direct	4	Rent/facility costs			gggiggingelskelpenskelpenskelpelskelpelskelpelskelpenskelpelskelpenskelpelskelpenskelpelskelpenskelpelskelpe	
	5	Other direct expenses	Yes %	Yes %	Tyes %	
	6	Volunteer labor	Yes %	No Ye	No No	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	7	Direct expense summary. A	Add lines 2 through 5 in column (d)		>	
	8	Net gaming income summa	ary. Subtract line 7 from line 1, colum	nn (d)	.	
9 a	Ent	er the state(s) in which the one organization licensed to o	organization conducts gaming activit conduct gaming activities in each of	ies: these states?		Yes No
		lo," explain:				
		re any of the organization's fes," explain:	gaming licenses revoked, suspende	d or terminated during the tax year?		Yes No

DAA					Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

2014

Open to Public inspection

BUTCHERTOWN NEIGHBORHOOD ASSOC INC.

Form 990 - Organization's Mission or Most Significant Activites The purpose of the BNA is to promote, foster, and carry out programs, projects, and activities designed to:
 enhance the health, safety, welfare, and betterment of the members of the community;
2) improve the economic life of the Butchertown area;
3) foster cooperation and unity between property owners, tenants, business people, and others;
4) meet the educational and cultural needs of the members of the community;
5) encourage better fire and police protection and traffic enforcement;
6) encourage the upkeep of residential and business property and the elimination of vandalism and littering;
7) encourage a spirit of friendliness and cooperation with other groups in the Butchertown neighborhood and throughout the City of Louisville and Jefferson County;
8) support other charitable, educational, and cultural activities which

ARTICLES OF INCORPORATION

RECEIVED & FILED

OF

Mr. 19 8 29 AH '91

BUTCHERTOWN NEIGHBORHOOD ASSOCIATION, INC. BREW.

WE, THE UNDERSIGNED, having associated for the perposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

ARTICLE I

The name of the Corporation shall be:

644397

BUTCHERTOWN NEIGHBORHOOD ASSOCIATION, INC. /

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered office of the corporation is:

310 West Liberty Street, Suite 203 Louisville, Kentucky 40202

The name of the initial registered agent for service of process, located at such address is:

Edward Carle

The principal office of the Corporation is located at:

310 West Liberty Street, Suite 203 Louisville, Kentucky 40202

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the

Corporation and permitted for an organization exempt under said Section 501(c)(3).

The purposes of the Corporation shall include, but not be limited to the following: the lessening of the burdens of local government by combating neighborhood deterioration and blight through the promotion, fostering, and carrying out of programs, projects and activities designed to:

- enhances the health, safety, welfare, and betterment of the members of the community;
 - 2. improve the economic life of the Butchertown area;
 - foster cooperation and unity between property owners, tenants, business people, and others;
 - 4. meet the educational and cultural needs of the members of the community;
 - 5. encourage better fire and police protection and traffic enforcement;
 - encourage the upkeep of residential and business property and the elimination of vandalism and littering;
 - encourage a spirit of friendliness and cooperation with other groups in the Butchertown neighborhood and throughout the City of Louisville and Jefferson County;
 - 8. support other charitable, educational, and cultural activities which advance the general welfare of the community and its people.

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State

statute), except as follows and as otherwise stated in these Articles:

- a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.
- b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:
 - 1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.
 - 2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
- c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:
 - 1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
 - 2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
 - 3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
 - 4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding provisions of any later tax laws.
 - 5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

PETICIE AII

The names and addresses of the incorporators are:

INCORPORATOR

ADDRESS

Stephen A. Smith

1327 East Washington Street Louisville, Kentucky 40206

ARTICLE VIII

The initial Board of Directors shall consist of eleven (11) Directors. The names and addresses of the members of the initial Board of Directors are:

DIRECTOR	ADDRESS
Edward Carle	939 East Washington Street Louisville, Kentucky 40206
Clarice Denoux	828 Franklin Street Louisville, Kentucky 40206
Tom Eifler, Jr.	1409 East Washington Street Louisville, Kentucky 40206
Claud Emrich	827 Franklin Street Louisville, Kentucky 40206
Mary Jane Emrich	827 Franklin Street Louisville, Kentucky 40206
Ann Hildreth	1402 Quincy Street Louisville, Kentucky 40206
Francoise Kemble	1406 Quincy Street Louisville, Kentucky 40206
Karen Lynch	1324 East Washington Street Louisville, Kentucky 40206
Warren Lynch	1324 East Washington Street Louisville, Kentucky 40206
Stephen A. Smith	1327 East Washington Street Louisville, Kentucky 40206
Scott Tichenor	1426 East Washington Street Louisville, Kentucky 40206

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal.

ARTICLE X

- a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.
- b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:
 - 1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;
 - 2) was not in good faith or involved or involves intentional misconduct on the part of the director;
 - 3) was known by the director to be a violation of law; or
 - 4) resulted in an improper personal benefit to the director.

This paragraph b) applies only to acts or omissions or breaches of duty occurring after July 15, 1988.

ARTICLE XI

Any director or officer or former director or officer of the Corporation, may be indemnified by the Corporation against any expenses actually and reasonably incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which s/he is made a party by reason of being or having been such director or officer, except in relation to matters as to which s/he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-laws or a resolution adopted after notice to members entitled to vote.

ARTICLE XII

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the

Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XIII

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

of the Incorpor IN TESTIMONY WHEREOF, witness the signature ator of this Corporation, this 3/ day of

> INCORPORATOR SMITH,

STATE OF KENTUCKY

COUNTY OF JEFFERSON)

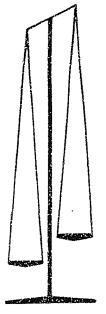
The foregoing Articles of Incorporation were acknowledged before me this <u>Slot</u> day of <u>Mary</u>, 1991, by **STEPHEN A. SMITH.** Witness my signature and seal of office.

Notary Public, State at Large, KY. My Commission Expires: My commission expires Feb. 19, 1995

STATE AT LARGE, KENTUCKY

This Document Prepared By:

JEFFREY B. SEGAL Attorney at Law LEGAL AID SOCIETY, INC. 425 West Muhammad Ali Blvd. Louisville, Kentucky 40202 (502) 584-1254



LEGAL AID SOCIETY, INC.

425 W Muhammad Ali Blvd. Louisville, Kentucky 40202 Telephone 502/584-1254 800/292-1862

Dennis E. Bricking Executive Director Denise G. Clayton Associate Director David A. Friedman Litigation Director Douglas M. Magen Director, Volunteer Lawyer Program Robert II. Littlefield Maneging Attorney Rural Draision Carol M Raskin Director, Community Development Program

Attorneys Candy A. Culin Ellen G. Friedman Kay Guinane Laura K. Haller Liea Mattingly Kelly A. Miller Anne Marie Regan Jelfrey B. Segal Robert Frederick Smith Ainy Karn Turner



Breckurridge, Bullitt, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Mende, Nelson, Oldham,

Shelby, Spender, Trimble & Washington

An Eşuai Opportunity Employer

July 17, 1991

Secretary of State Corporate Filings PO Box 718 Frankfort, Ky 40602-0718

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JUL 1 9 1991

Articles of Incorporation Re:

Butchertown Neighborhood Assoc., IngcCRETARY OF STATE 9921CD91

COMMONWEALTH OF KY

To Whom It May Concern:

Enclosed please find four copies of the Articles of Incorporation for the Butchertown Neighborhood Assoc. along with a check to the amount of \$8.00 as filing fee for non-profit Articles.

Please stamp and return excess copies to this office, to my attention.

If you have any questions please feel free to contact me.

Sincerely,

Jeffrey B. Segal Attorney at Law

Form W-9

(Rev. December 2014)

Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

TI IT COLLEGE	Tievalue Savice								
	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.							
	Butchertown Neighborhood Association INC								
લં	2 Business name/disregarded entity name, if different from above		*						
9									
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the foll Individual/sole proprietor or ✓ C Corporation ☐ S Corporation		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
9 5	single-member LLC		Exempt payee code (if any)						
≨₹	Limited liability company. Enter the tax classification (C=C corporation, S=		Everation from EATCA reporting						
Print or type Instruction	Note. For a single-member LLC that is disregarded, do not check LLC; che the tax classification of the single-member owner.	ck the appropriate box in the line	code (if any)						
문문	☐ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)						
Ě	5 Address (number, street, and apt. or suite no.)	Reques	ter's name and address (optional)						
å	PO BOX 7605								
ق دن	6 City, state, and ZIP code								
ွတ္တ	Louisville, KY 40257-0605	· ·							
	7 List account number(s) here (optional)								
Par	Taxpayer Identification Number (TIN)								
Enter	your TIN in the appropriate box. The TIN provided must match the nam	e given on line 1 to avoid	Social security number						
	p withholding. For individuals, this is generally your social security num								
	nt alien, sole proprietor, or disregarded entity, see the Part I instruction s. it is your employer identification number (EIN). If you do not have a n]						
	n page 3.		or						
Note.	If the account is in more than one name, see the instructions for line 1:	and the chart on page 4 for	Employer identification number						
	ines on whose number to enter.								
Par	II Certification	* <u> </u>							
Under	penalties of perjury, I certify that:								
1. Th	e number shown on this form is my correct taxpayer identification number	er (or I am waiting for a numb	per to be issued to me); and						
Se	n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failun longer subject to backup withholding; and	kup withholding, or (b) I have e to report all interest or divide	not been notified by the Internal Revenue ends, or (c) the IRS has notified me that I am						
3. la	n a U.S. citizen or other U.S. person (defined below); and								
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reporting is con	rect.						
Certif	ication instructions. You must cross out item 2 above if you have been	notified by the IRS that you	are currently subject to backup withholding						
becau	se you have failed to report all interest and dividends on your tax return	 For real estate transactions, 	item 2 does not apply. For mortgage						
intere	st paid, acquisition or abandonment of secured property, cancellation o	I debt, contributions to an ind	ividual retirement arrangement (IRA), and						
	generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.								
Sign									
Here	Signature of U.S. person ▶ Cal S	Date ►	10/15/15						
Gen	eral Instructions	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 							
	references are to the Internal Revenue Code unless otherwise noted.	• Form 1099-C (canceled debt)							
	developments, Information about developments affecting Form W-9 (such	• Form 1099-A (acquisition or al	pandonment of secured property)						
_	slation enacted after we release it) is at www.irs.gov/fw9. ose of Form	Use Form W-9 only if you are provide your correct TIN.	a U.S. person (including a resident alien), to						
i diposo or i offi		Marca de not mar Come M. O to the marcater with a Tible year might be expliced.							

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting; is correct. See What is FATCA reporting? on page 2 for further information.

BUTCHERTOWN NEIGHBORHOOD ASSOCIATION, INC.

General Information

Organization Number 0288743

Name BUTCHERTOWN NEIGHBORHOOD ASSOCIATION, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

 File Date
 7/19/1991

 Organization Date
 7/19/1991

 Last Annual Report
 6/11/2015

 Principal Office
 PO BOX 7605

LOUISVILLE, KY 40257

Registered Agent ANDREW CORNELIUS

806 E. WASHINGTON ST. LOUISVILLE, KY 40206

Current Officers

President <u>ANDY CORNELIUS</u>

Secretary Todd Turner **Treasurer** Mac Thompson Director **TODD HOUSTON** Director LEAH MCKINLEY Director NATASHA MAZE Director **LEAH DIENES** Mac Willett Director **Sherry Ross** Director **Director** Keith Kemble Director Steve Finn Director Wade Lemke Director Mark Janke Director Mark Prussion

Individuals / Entities listed at time of formation

 Director
 EDWARD CARLE

 Director
 CLARICE DENOUX

 Director
 TOM EIFLER IR

 Director
 CLAUD EMRICH

 Director
 MARY IANE EMRIC

Director MARY JANE EMRICH

Incorporator <u>STEPHEN A SMITH</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	6/11/2015	1 page	<u>PDF</u>	
Annual Report	4/24/2014	1 page	<u>PDF</u>	
Registered Agent name/address change	2/4/2014 12:49:00 PM	1 page	<u>PDF</u>	
<u>Principal Office Address</u> <u>Change</u>	2/4/2014 12:44:27 PM	1 page	PDF	
Annual Report	8/16/2013	1 page	<u>PDF</u>	
Annual Report	6/26/2012	1 page	<u>PDF</u>	
Annual Report	6/16/2011	1 page	<u>PDF</u>	
Annual Report	9/8/2010	1 page	<u>PDF</u>	
Annual Report	7/30/2009	1 page	<u>PDF</u>	
Annual Report	9/24/2008	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	4/26/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/7/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/24/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/23/2005	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	8/15/2003	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	7/18/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/10/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/15/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/17/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/20/1999	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	6/25/1998	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	11/2/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
Restated Articles	12/2/1992	6 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1992	1 page	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	7/19/1991	7 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/11/2015 2:31:38 PM	6/11/2015 2:31:38 PM	
Annual report	4/24/2014 1:58:32 PM	4/24/2014 1:58:32 PM	
Registered agent address change	2/4/2014 12:49:00 PM	2/4/2014 12:49:00 PM	
Principal office change	2/4/2014 12:44:27 PM	2/4/2014 12:44:27 PM	

1/22/2015		welcome to Fasttrack Organization Searc		
	Annual report	8/16/2013 11:41:23 AM	8/16/2013 11:41:23 AM	
	Annual report	6/26/2012 6:43:05 PM	6/26/2012 6:43:05 PM	
	Annual report	6/16/2011 3:29:26 PM	6/16/2011 3:29:26 PM	
	Annual report	9/8/2010 12:47:53 PM	9/8/2010 12:47:53 PM	
	Annual report	7/30/2009 10:59:13 AM	7/30/2009 10:59:13 AM	
	Annual report	9/24/2008 1:07:24 PM	9/24/2008	
	Registered agent address change	4/26/2007 12:55:44 PM	4/26/2007	
	Registered agent address change	3/19/2007 8:44:23 AM	3/19/2007	
	Registered agent address change	3/19/2007 8:44:00 AM	3/19/2007	
	Annual report	2/7/2007 1:20:36 PM	2/7/2007	
	Annual report	2/24/2006 2:01:37 PM	2/24/2006	
	Registered agent address change	7/18/2003 12:46:48 PM	7/18/2003	
	Principal office change	6/11/2003 8:20:00 AM	6/11/2003	
	Restated articles	12/2/1992	12/2/1992	

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

3/8/2005	1 page
5/7/2004	1 page
8/15/2003	1 page
7/18/2003	1 page
4/10/2002	1 page
5/15/2001	1 page
4/17/2000	1 page
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7/1/1996	2 pages
7/1/1995	1 page
11/2/1994	1 page
7/1/1994	1 page
7/1/1993	1 page
12/2/1992	5 pages
7/1/1992	1 page
7/19/1991	6 pages
	5/7/2004 8/15/2003 7/18/2003 4/10/2002 5/15/2001 4/17/2000 4/20/1999 6/25/1998 7/1/1997 7/1/1996 7/1/1995 11/2/1994 7/1/1994 7/1/1993 12/2/1992 7/1/1992